Health care-associated infections are exacerbated by alcohol use disorders(2)

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Alcoholism: Clinical & Experimental Research *[3]*

Health care-associated infections are exacerbated by alcohol use disorders

- Healthcare-associated infections (HAIs) are infections that patients acquire during their hospitalization and that were not present at the time of admission to the hospital.
- A new study has found that people with alcohol use disorders who develop HAIs have longer hospital stays, thousands of dollars of higher hospital costs, and much greater odds of dying.

Hospital patients with alcohol use disorders (AUDs) are at an increased risk of developing healthcare-associated infections (HAIs), which affect 1.7 million patients annually in the United States. HAIs are infections that patients acquire during their hospitalization and that were not present at the time of admission to the hospital. A new study has found that people with AUDs who develop HAIs have longer hospital stays, thousands of dollars of higher hospital costs, and much greater odds of dying.

Results will be published in the July 2011 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Patients who are diagnosed with AUDs by their physicians have a 71 percent higher odds of dying from HAIs," said Marjolein de Wit, associate professor of medicine at Virginia Commonwealth University and first author of the study. "Pneumonia is one type of HAI we evaluated. Sepsis, an inflammatory state that is caused by any infection and that was not present at the time of hospital admission, was the second type of HAI examined."

de Wit and her colleagues both evaluated patients with HAIs and assessed their outcomes (mortality, hospital length of stay, hospital costs). They drew data from the Nationwide Inpatient Sample for the year 2007, and performed a retrospective study of all patients who developed healthcare-associated pneumonia or sepsis, while excluding patients who were transferred from another healthcare facility, and who were diagnosed with community-acquired infections, immunosuppression, or cancer.

"Patients with AUDs who develop HAIs had a 71 percent higher odds of dying, had a two-day longer hospital length of stay, and had approximately $7,500 higher hospital costs compared to patients without AUDs who develop HAIs," said de Wit.

"In addition, AUD patients with healthcare-associated pneumonia or sepsis were younger, had a lower income, had frequent emergencies, and experienced less surgery," said Claudia Spies, head of the department of anesthesiology and intensive care medicine at the University Hospital Charité Universitaetsmedizin Berlin. "However, despite having fewer comorbidities, they died more often."

Spies added that she was very concerned to see more young people with HAIs coming to the hospital too late to be treated adequately. "These young patients with a low income usually do not see a physician unless they have been injured," she said. "If they come in, they come late and require immediate and intensive treatment. We have had similar discussions concerning young people with H1N1 in Europe."

"Much can be done to decrease the risk of developing HAIs," said de Wit. "'External' measures such as hand washing and head-of-bed elevation are important factors in decreasing the risk of HAIs, and can be undertaken by all healthcare providers. Conversely, and unlike external measures, AUDs are factors intrinsic to patients and thus preventing HAIs in patients with AUDs requires therapeutic interventions specifically targeting hospitalized patients with AUDs."

Both de Wit and Spies also said that it is very important for patients to discuss their alcohol consumption patterns with their physicians, despite the stigma they may feel.

"This is important both when a hospital admission is scheduled as well as at the time of an emergency hospital admission," said de Wit. "In the case with scheduled surgeries, such as an elective surgery, one month pre-operative abstinence may decrease the risk of HAIs."

"Follow-up care for patients with an AUD diagnosis is also important," said Spies. "Since these patients are often stigmatized due to their underlying AUD, they will need anonymous data handling as well as help to find adequate intervention and treatment for their AUD after their stay in the hospital, such as what is offered by physicians that can help them maintain their health."

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